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Is the Extirpation of the Cancerous Uterus a Justifiable Operation?

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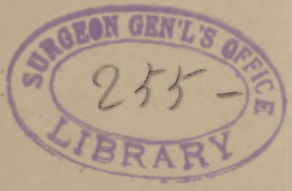

IS THE EXTIRPATION OF THE CANCEROUS UTERUS A JUSTIFIABLE OPERATION?

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THE legitimate objects of medical and surgical art are the prevention, alleviation, and cure of disease, and the consequent prolongation of life. If, as medical practitioners, we do not in some degree accomplish these purposes, our art is inefficient; or if, instead of preserving lives, we sacrifice them, we do harm rather than good—we become destroyers rather than saviors. Hence, the results obtained from any given means or method of treatment become proper tests by which their value may be judged. And, in accordance with this principle, whenever any therapeutic agent has been found, after adequate trial, to generally fail in effecting the purpose of its use, it has been abandoned by reasonable and candid observers. Likewise, when any such agent has been proved to be habitually dangerous to health or life—to be an ally of, rather than a foe to, death-producing processes—careful and honest men have ceased to employ it.

It must be evident to any attentive observer that, during the past few years, there has been a rapidly growing tendency to progressiveness in the surgical branches of our profession. This onward movement has been characterized by a boldness of conception, and a fearlessness—may I not say a recklessness?—of execution that would have appalled our predecessors, and which startle us of to-day.

When we consider that some of these achievements are scarcely more than ante-mortem examinations, whose chief usefulness consists in demonstrating how long their owners

are able to survive the loss of certain bodily organs, we may well exclaim, at least in reference to some of them, *cui bono?* and ask whether there is to be any limit to these exhibitions of surgical temerity.

In this paper I purpose to discuss a single question: In view of the facts known to us, is it justifiable to extirpate the uterus for carcinomatous disease?

The rational use of any therapeutic measure involves at least two theories: the first relating to the nature of the morbid process to be influenced, and the second to the *modus operandi* of the proposed remedy. For a long time, and down to within a score or so of years, it was the commonly accepted theory that cancer was dependent upon some specific taint of the system; that morbid atoms existed in the blood, and, being conveyed by that fluid, were appropriated by certain organs and tissues under special but unknown conditions. From this it followed that any remedy, to be curative, must enter the circulation and be carried to every part of the body, neutralizing or antidoting in some inscrutable manner every cancerous atom or germ with which it might come in contact.

This theory, while still having some adherents, is being replaced by another more generally accepted, which considers the disease to be local originally, and the intoxication of the system a secondary result.

Those who entertained the former of these opinions could not, of course, reconcile it with the expectation of any permanent benefit from the removal of an affected part of the body, and hence they sought for some remedy which might favorably modify or remove the disease from the entire system. But under the local-origin theory radical surgical procedures seem quite appropriate; for, if the disease be confined to the part, and the part be removed, the removal ought to be equivalent to cure, provided the patient recover from the operation. And, theoretically, operations for the ablation of cancer, if done sufficiently early and with sufficient thoroughness, ought to be among the most successful and satisfactory.

But what are the facts? As we must all admit that, so far, no remedy has been discovered which has power to remove a hypothetical cancerous blood poison, so it is notorious that in almost all instances in which surgical operations have been done for the removal of this disease—whether by knife, scissors, cautery, or caustic—they have only been of temporary benefit, if beneficial at all. Nevertheless, so long as these procedures were comparatively free from danger to life, so long as they could not be fairly charged with doing actual harm, they were doubtless proper in many cases, because they added, for a time at least, to the patient's comfort. It can hardly be claimed or admitted that operations for cancer in any part of the body have usually done more than this, the instances in which the disease has been permanently cured, or in which life has been lengthened by them, being quite exceptional. But when the operations themselves become so dangerous as to destroy seventy per cent. of lives within a few hours or a few days; and when, of the few who escape the operator, fifty to seventy-five per cent. die from return—or rather continuance—of the disease within a few months; and when, further, of those who yet remain, all, or nearly all, die as soon as though no operation had been performed—we may very properly cry a halt, and stop to consider whether our calling, thus exercised, is beneficial or injurious.

The removal of the whole uterus is not a very novel operation in the annals of surgery. Andreas à Cruce removed a scirrhus uterus *per vaginam* in 1560; and similar operations were done by Wrisberg, and by Monteggia at the end of the eighteenth century. Blundell operated in three cases in 1828, two of the patients dying, and one surviving the operation a year, and finally dying from a recurrence of the disease.

Still, the operation had been done so rarely, and had been attended with such unfortunate results, that, when Hennig successfully performed the operation in 1876, in an unfavorable case, and was able to report subsequently that there had been no recurrence of the disease in eight months, surgeons

seemed to be inspired with new hope.[1] This hope was still further heightened in 1878, when Professor W. A. Freund reported a new method, under antiseptic precautions, by which the uterus could be, as he thought, more safely removed than heretofore, illustrating the report with the details of a successful operation. This case was soon followed by another, also successful, by the same surgeon, and at once Freund's example was followed by numerous operators, especially among his countrymen.

In 1879 Freund had operated in ten cases, with the result of five deaths and five recoveries. During that year Bruntzel reported six additional cases which had occurred in the hospital at Breslau. One of these was by Freund, and the other five by Spiegelberg. Freund's patient died. Of the others, one was uncompleted on account of the extent of the disease, three died, and one recovered. In the fatal cases, death occurred at periods varying from thirteen hours to seven and a half days. In the patient who recovered, the disease returned in three months, and was fatal in three more.

Down to the summer of 1879 there had been reported thirty-one cases.[2] Of these, twenty-two died in from three hours to five days ofter operation, and nine recovered. Of these survivors, not one lived longer than one year, five of them having died in three months. In September, 1879, at the International Medical Congress, at Amsterdam, Freund reported four additional cases of his own. In one of these the operation was unfinished, the other three were all fatal. At that time two of the patients who had been included among the first five recoveries had died, and the disease had returned in a third.

Sulovieff, of Moscow, reported a fatal case in the *Archives de tocologie*, January, 1880, and gave a table comprising all the cases within his knowledge at that time. There were forty-seven, with thirty-five deaths and twelve recoveries.

He then announces that "these figures are enough to con-

[1] *Allgemeine Wiener medizinische Zeitung*, September 26, 1876.

[2] *Archiv für Gynaekologie.*

vince any skeptic of the legitimacy of the operation, and that it will in the future take a foremost place in surgery." This grim sarcasm was so subtle as to quite deceive the editor of the *Obstetrical Journal of Great Britain and Ireland*,[1] who quotes it in grave earnestness. The reviewer of Professor F. Ahlfeld's report of "Ten Laparotomies"[2] constructed a table of all the known operations that had been done according to Freund's method down to that time. They were sixty-five in number. Of these, fifty-one died soon after the operation; that is, 78 per cent. Of the fourteen that recovered, we have record of the speedy recurrence of the disease in six cases, reducing the probable cures to eight, or only 12 per per cent. Of these there is no telling how many should be classed with the others.

The latest table to which I have had access is that by Dr. Adolfo Paggia.[3] It includes ninety-one cases; sixty-six died, twenty-five recovered; mortality, 72 per cent.

At the London Congress, Freund is reported to have admitted that, "considering the results, which as regards recovery from the operation were more unfavorable, as regards radical cure were not more favorable than those of amputation of the diseased portio vaginalis and of supra-vaginal amputation of the diseased corpus uteri, we should be no longer justified in undertaking total extirpation if this operation could not be carried out with greater safety than hitherto"; and finally states that the operation may be undertaken *as a not very dangerous one in the early stages of carcinoma and sarcoma, in which it gives promise of a radical cure.*[4]

With our knowledge of the facts, these latter statements appear astounding. To say of an operation that it is "not very dangerous" when it kills in more than 72 per cent. of the cases, and that it gives promise of a "radical cure" when all experience shows that of the patients who survive more than one half die within six months, and scarcely any live a

[1] February, 1880. [2] *Amer. Jour. of the Med. Sciences*, October, 1880.
[3] *Giornale Internazionale delle Scienze Mediche*, Anno 5, fas. 3, 4, 1883.
[4] Italics my own.

year, are declarations of so preposterous a character as to take them quite out of the pale of argument.

It would seem as though indulgence in the performance of this operation in some way inspired remarkable statements. Fränkel said it was as harmless as ovariotomy; and Schroeder has compared one who has undergone it to a woman in childbed who has lost a little blood.

Freund and others have thought that, with improved methods, the operation might be made less hazardous, and many suggestions have been made and put into practice with this end in view; but, notwithstanding all that has been done in this direction, the more recent operations have not improved the record. The very best results achieved by the abdominal method were those obtained by Freund in his first ten cases, with a mortality of 50 per cent. Of the next ten cases reported, only four recovered; of the third ten, one recovered; of the fourth ten, two recovered; and in the succeeding thirty the operation was abandoned in three, twenty-six died, and there was only one recovery.

Basing the statement upon the recorded cases, the mortality of Freund's operation is shown to be over 72 per cent., and if all cases were published it would doubtless be still higher, for it is a well-known fact that the successful cases are more likely to be published than the others. I have knowledge of eight cases of extirpation of the uterus that have been done in Chicago, of which only two have been given to the profession. One of these latter was that of Professor Christian Fenger,[1] and the other my own.[2] Five of the operations were by the abdominal and three by the vaginal method. Of the first, the patients lived, respectively, four, six, and three days, and six months. Of those done by the vaginal method, two died in a few hours and the other recovered.[3] All the operations were for cancer except one, which was for uterine fibroid.

[1] *Amer. Jour. of the Med. Sciences*, January, 1882.

[2] *Western Medical Reporter*, April, 1882.

[3] Nearly two years have elapsed since this operation, and Professor Fenger informs me that his patient is in good health.

In the last volume of *St. Bartholomew's Hospital Reports* two cases are related of removal of the cancerous uterus by abdominal section. One of the patients died on the second and the other on the third day.

In consequence of the frightful mortality following the abdominal method, Czerny, Schroeder, Martin, and others have proposed and practiced the removal of the uterus by the vagina; and thus far with much better results. Freund himself has admitted that the vaginal method is preferable, if the uterus be small and the vagina capacious.

At the London Congress, Martin said he had operated six times according to Freund's method, all the patients dying, and seven times by the vaginal method—result not stated. Czerny had operated by the vagina seven times; four recovered, and the disease recurred "in several." Down to August 5th Martin had operated by the vagina fifty times, losing one half.[1]

The latest statistics concerning vaginal extirpations are furnished in a table compiled by Sänger.[2] It includes one hundred and forty-three cases, of whom one hundred and three, or 72 per cent., recovered, and forty, or 28 per cent., died. This result is about the same as that given in the first table published by Hegar and Kaltenbach, which comprised twenty-nine cases and showed a resulting mortality of 27·6 per cent.; and it indicates that we have no more reason to expect a reduction in the mortality of operations done through the vagina in consequence of increased experience and improved *technique* than in those by the abdominal method. Indeed, the operation by any method is essentially difficult, tedious, and dangerous, and no amount of skill in the performance can make it easy or safe.

Doubtless, in many of the instances in which the uterus has been excised, neither the cases nor the method of procedure have been judiciously selected. This, however, has not always resulted from want of care, but from the inherent difficulties of the subject.

[1] Engelmann, *Weekly Med. Review*, September 1, 1883.

[2] *Archiv für Gynaekologie*, Band xxi, Heft i, p. 104, Berlin, 1883.

It seems clear that no patient should be subjected to the operation in whom the disease has invaded the parametric tissues; nor in whom the disease is limited to the cervix; nor in whom pelvic inflammation may have so changed the parts as to render the ureters indistinguishable and inseparable from the adjoining structures, and hence liable to be wounded or included in the ligatures. Schroeder thinks the operation should be restricted to two classes of cases; namely, cancer of the uterine body, and of the lining membrane of the uterus extending beyond the cervical canal. But no degree of care, either in the anamnesis or physical examination, can enable us to determine such delicate points of diagnosis as these distinctions imply.

Diagnosis of the earliest stage of cancer is, I believe, in the present state of our science, impossible. Whether we grant the absolutely local origin of the disease in all cases, or whether we retain a belief in a previously existing constitutional taint with localized manifestation, it seems certain that a change from a normal to an abnormal condition of cell development *begins* in a very few cells, and within a very limited area. Clinical facts likewise justify us in the belief that the growth from this starting-point is at first very slow, becoming more and more rapid as the cells, from crowding and imperfect nutrition, break down and die. The state of the part preceding this change is not known, but several modern authorities believe that it consists essentially in that series of processes which we term inflammation. Mr. Jonathan Hutchinson, in the *British Medical Journal* for March, 1883, contributes a paper on the nature and scope of the local influences which induce malignancy, in which he says: "The more we investigate, the more clearly will we see that all inflammations are really infective, and that inflammatory processes may pass by almost insensible gradations into those of malignancy." Hence, he urges the adoption of the theory of a pre-cancerous stage, when surgical interference is necessary and ought to be insisted on, before the growth takes on any definite form, except that resembling ordinary inflamma-

tion, and before the neighboring lymphatics are affected. Without this, he sees no hope of any improvement in the reduction of the mortality of cancer.

Whether this pre-cancerous stage be merely one of inflammation, or whether it be inflammation plus something else (which is probable), we know that when a part becomes truly cancerous local infection soon follows—so soon, indeed, that we can never be wholly sure of surrounding and removing the contaminated area. And it results from this, that when cancer can be surely diagnosticated it is usually too late for successful treatment. Colomiatti[1] has demonstrated that one of the ways by which the cancer extends itself to parts at a distance from the place of its first development is that of the peri-nervous and endo-nervous lymphatic spaces existing in the great sympathetic and cerebro-spinal system. In a note published in the *Archives of Medical Science*[2] he said he had examined the uteri removed by Novaro, Berruti, Margary, and others, and, speaking of the case of Margary, calls attention to the fact that, although the uterus had been affected by epithelioma of the posterior lip, it was hardly ulcerated, was mobile, the disease had not invaded the vagina, was not complicated by diffusion among the lymphatic glands, yet had caused a large swelling, and the case was no longer fit for operation, because the disease had already made great strides along the uterine, hypogastric, and lumbo-aortic plexuses.

In many cases of carcinoma of the uterus there are no apparent symptoms indicating failure of health, local or general. A profuse hemorrhagic discharge appears, perhaps, and is the first thing that attracts attention; and an examination reveals the presence of the disease far advanced. Several cases of this kind have occurred to myself, and doubtless similar ones have been seen by others. Without history of preceding pain, leucorrhea, or menstrual disorder, there may be found such an amount of tissue involvement as to clearly indicate a hopeless extension of the disease from its point of origin.

[1] *Loc. cit.* [2] Vol. v, fas. 11, 1881.

I have seen it stated that if the uterus retain its normal degree of mobility, we may feel tolerably certain that the disease has not passed beyond its borders, and that hysterectomy promises removal of the disease. This is by no means correct. It is well known that isolated cancer-cells are frequently found scattered through the connective tissue at a considerable distance from the original growth. They may exist in very large numbers, and may infiltrate a large extent of the surrounding structures before causing any appreciable fixity of the uterus. These outlying areas of affected tissues can not be obtained for microscopical examination prior to operation; their condition can not be detected during operation; indeed, there is no feasible time, and there are no practicable means for distinguishing between the healthy and diseased tissues at a time when the knowledge can be of service. Now, if these scattered atoms be left, each one becomes a new focus from which the disease may be expected to radiate and extend. Hence, unless the entire diseased tissues can be removed, we can not expect immunity from return. The rapid and numerous recurrences of the disease after extirpation of the uterus show plainly that the disease was not all removed. The topography of the uterus is such that if the disease has extended at all beyond it, affecting the connective tissue or lymphatic vessels and glands —a fact which, as just stated, we can never know in advance unless the extension be so great as to make the operation worse than hopeless—we are unable to follow it, and relapse is sure. Even in the carcinomata of the cervix, the part of the organ in which they are most easily detected, the disease can not usually be wholly removed, because the vagina and pelvic connective tissue become involved before the patient is aware that anything is wrong, the juxta-cervical structures being especially rich in lymphatics.

Partial operations—and all must be considered partial that leave any disease behind—are therefore not only useless so far as permanent benefit is concerned, but may be positively injurious by stimulating the activity of the morbid

process after the certain recurrence. But, besides this, they are harmful in another way. The disease sometimes returns in a worse form. An epithelial growth—naturally the most tardy in extension—being removed, the disease returns frequently in the medullary form, which then runs a more rapid course, speedily destroying the patient. A remarkable instance once happened in my own experience, exemplifying both quick return and change of type of the disease.

A woman, about thirty years of age, of robust, healthy appearance, consulted me on account of a tumor of the breast. She had one child, which was two years old, and which had been nursed until six months previously. One month before weaning the child she had first noticed the growth, then about as large as a hazel-nut. It had never been painful or sensitive. There had been no disease in the nipple or surrounding skin. On examination, I found a hard, symmetrical, flattish growth, as large as an almond, situated about an inch and a half outward from the nipple. It was freely movable over the parts beneath, but was attached to the skin, the surface of which was slightly wrinkled. I judged the growth to be scirrhus, and advised its removal, a proposition which was at once accepted.

There seemed to be no occasion for removing anything more than the evident growth, so distinctly circumscribed did it appear. Nevertheless, I excised so much of the tissues beyond the tumor in every direction, and made so large a wound, that I felt it incumbent on me to explain to the medical gentlemen who assisted me that I did so for the purpose of surely guarding against recurrence.

The cicatrix had scarcely formed before the disease again appeared, and six months afterward I cut away a mass of fungous cancer larger than an orange, this time simply to lessen fetor and pain. The patient survived the last operation only a few weeks. I have no doubt that my interference increased her sufferings and materially shortened her life.

I have seen the same thing several times in cases of ma-

lignant disease of the uterus—that is, an epithelioma as the primary disease reappearing after operation in the medullary form.

Extirpation of the cancerous uterus does not lessen suffering, and it shortens the aggregate of life.

We have no accurate history of uterine cancer as regards its duration. Basing the calculation upon the first appearance of distinctive symptoms, it has been estimated that cancer of the cervix, if left to itself, requires about seventeen months to kill; of the body, thirty-one months. Does extirpation offer anything better than this? Do the results show that those who recover from the operation have any advantage over those upon whom no operation is done—that they suffer less, or live longer?

In one sense the operation may be said truly to lessen suffering. We have seen that of all the patients operated upon by the abdominal method, more than 72 per cent. have escaped further misery by promptly dying. Nothing, indeed, in the way of treatment offers such quick and sure relief as this. The vaginal method is not so effective in this direction; it kills only about thirty in a hundred.

The questions of recurrence and of subsequent earthly misery have no interest for the dead. Our inquiry concerns the others. Are the 28 per cent. of women who are left by the first method, and the 70 per cent. who are left by the second, gainers in any respect by the operation?

The disease reappears in all of them sooner or later, and the subsequent progress of the disease surely entails as much wretchedness—perhaps more, if we could estimate the disappointment felt by the unfortunates—as though they had been let alone, and they die on an average in four and a half months. What have they gained?

In order to show how much of life has been sacrificed by hysterectomy, I accept all the known fatal operations as the full number, although, as already intimated, it is certain that there have been many more. They amount in all to one hundred and fifty-seven cases—ninety-seven by the abdomi-

nal, and sixty by the vaginal method. If we grant that in all these cases the disease affected the cervix, and that the average length of life would be seventeen months, the calculation would show more than two hundred and twenty-two years of life—over two centuries—sacrificed by the operation. If we consider that in many of the cases the cancer was of the corpus uteri, as it certainly was, in which the average duration of life is two and a half years, the aggregate amount of life destroyed would be even greater.

It has been said that sufficient time has not elapsed, and that the number of cases is too small, to enable us to determine the results of the operation in regard to recurrence of the disease. I can not concede this. Nearly seven years have elapsed since the revival of the operation, and more than two hundred operations have been made, and it is hardly reasonable to expect that the results in the future will differ materially from those already obtained. But, be this as it may, it is not at all probable that cancer of the womb affords any more ground for hopefulness in this respect than does the disease in other parts of the body; and so far, at least, but one case has been reported which survived the operation two and a half years.[1]

For purposes of comparison, I beg to call attention to the history of operative procedures and their results in cancer of the breast.

Probably in no part of the body is malignant disease more quickly discovered than in the mammary gland. Every intelligent woman knows something of the frequency with which this organ is attacked. The part is accessible. Nowhere is the diagnosis more readily made. An operation is likely to be done early. The removal of the entire breast for a malignant or a suspicious growth is generally practiced. And what is the outcome? We all know how few there are among those who recover from the immediate effects of the

[1] Dr. Linkenfeld, assistant at the clinic of Strassburg, says that in all the cases of total removal of uterine cancer performed by Freund, relapse followed quickly. In a single instance it happened after two and a half years.

operation in whom the disease does not again manifest itself in a few months. So that, even here, in the case of an external organ, with early recognition, early removal, and with opportunity for going beyond the apparent limits of the disease, we can not, with rarest exceptions, succeed in removing all of the affected structures. So true, indeed, is this, that no surgeon of experience really expects success. Gross says:[1] "If the patient survives an operation, local recurrence may be looked for. Of five hundred and nineteen operations, eighty-seven died from its immediate effects, thereby leaving four hundred and thirty-two cases for the consideration of the question of local reproduction. Of these, sixty-four cases are devoid of further history, having been lost sight of immediately after recovery." He then states that ninety were cured, of whom eighteen had recurrences; and that of the remainder, recurrence took place in two hundred and ninety-six, or 80·97 per cent. Disheartening as this statement is, it still "tells a flattering tale." There is an obvious fallacy in the calculation, which, when cleared away, shows still more plainly how slight must be the hope of permanent cure. The sixty-four cases which are "devoid of further history" are included in the ninety reported "cured." If we deduct these, we have left only twenty-six to furnish the eighteen recurrences; and if the sixty-four had a similar history, the disease returned in forty-four of them, making fifty-eight recurrences out of the ninety, increasing the number to 83 per cent.

As to the time of recurrence, Winiwarter and Oldekap furnish a table of two hundred and three cases, from which it appears that in 63 per cent. it took place in three months, while in only two cases was it protracted beyond three years, the average being 5·3 months.

Bad as the foregoing results are, they are yet better than have been obtained in ablation of the uterus.

Other methods of treatment less dangerous than extirpation of the uterus are equally or even more useful.

[1] *Tumors of the Mammary Gland*, New York, 1880, p. 223.

A safe remedy, if equally efficacious, should always be preferred to one which is unsafe. Thomas[1] has stated that "it is a most pernicious doctrine to suppose that because a woman has cancer of the uterus some surgical procedure is necessary." While all cases need, and all are in some degree benefited by, judicious treatment, radical measures are indicated in only a minority of them. The alleviation of pain, the prevention and arrest of hemorrhage, the amelioration of offensive acrid discharges, and the maintenance of the general health, are all indications that may be met to some extent by comparatively harmless means. All admit that it is only in the few cases in which the disease is detected early that any reasonable hope can be entertained of radical cure; and in these it has been abundantly shown that other methods than excision of the entire organ—as, for example, the sharp curette, knife, scissors, caustic, cautery, etc.—are capable of doing very much toward lessening suffering and prolonging life. Instances have been related by Sims, Byrne, Barnes, Wells, and others, in which, by these and similar means, life has been preserved four and five years, the patients in some of these cases dying eventually of other diseases. In one remarkable case recorded by Sir James Y. Simpson, an epithelioma of the cervix was removed by amputation, and eighteen years after the operation the woman, having borne five children, was perfectly healthy, and had no return of the disease.

If these minor procedures be deemed insufficient, the supravaginal amputation of the cervix is capable of removing a very considerable proportion of the uterus, and, although more dangerous than the minor methods to which I have alluded, seems a safe operation as compared with total excision. Schroeder has reported thirty-seven cases, of which number four died. In nineteen of the thirty-three who recovered, relapses occurred in thirteen in an average time of four and a half months. In three others no recurrence had taken place in eight, nine, and eighteen months, respectively. No history is given of the eleven remaining.

[1] *Diseases of Women*, fifth ed., p. 592.

So far, experience seems to have proven that all operations of radical grade are either of doubtful benefit or positively injurious; for while in some cases the symptoms are ameliorated, the improvement is usually of short duration, and they may be fairly offset by the others in which the interference accelerates the growth.

It has been urged, in defense of hysterectomy for cancer, that the life which is jeopardized by the operation is of small value, and that its continuance is but a prolongation of wretchedness. This is not an admissible argument. We can not feel justified in shortening a life because to us it may seem of little worth, or because its continuance may be attended with pain and misery.

Notwithstanding the very unfavorable results of excision of the cancerous uterus, can we expect that the operation will be abandoned? I think not. Schroeder is reported to have said that if the disease should return in five cases out six he would still operate. Does any one suppose that an additional one sixth would alter his determination? Many other surgeons look upon the operation with favor, and they will, doubtless, perform it when opportunity offers. Operations that are likely to kill are spoken of as "brilliant"; and the popular clinics are those at which the largest number are done for removal of kidneys, spleens, uteri, and portions of livers, stomachs, and intestines. Spectators admire and applaud; they are rarely permitted to witness the quickly following death.

To summarize, I have endeavored to show that:

1. Diagnosis of uterine cancer can not be made sufficiently early to insure its complete removal by extirpation of the uterus.

2. When the diagnosis can be established, there is no reasonable hope for a radical cure; and other methods of treatment far less dangerous than excision of the entire organ are equally effectual in ameliorating suffering, retarding the progress of the disease, and prolonging life.

3. Extirpation of the cancerous uterus is a highly dangerous operation, and neither lessens suffering—except in those whom it kills—nor gives reasonable promise of permanent cure in those who recover. Hence it fails in all the essentials of a beneficial operative procedure, and should not be adopted in modern surgery.